

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known)

Chapter

7

☐ Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

2. All other names debtor
used in the last 8 years
Include any assumed
names, trade names and
doing business as names

**McClure Rehab Center
McClure Nursing & Rehab
McClure Convalescent Hospital**

3. Debtor's federal
Employer Identification
Number (EIN) **94-3378046**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of
business

**11620 W. Washington Blvd.
Los Angeles, CA 90066**

Number, Street, City, State & ZIP Code

**P.O. Box 3350
San Ramon, CA 94583**

P.O. Box, Number, Street, City, State & ZIP Code

Los Angeles
County

Location of principal assets, if different from principal
place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.** Case number (if known)

Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **McClure Convalescent Hospital and Rehabilitation** Case number (if known)**Center, Inc.**

Name

11. Why is the case filed in this district?*Check all that apply:*

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 14, 2017
MM / DD / YYYY

X /s/ James R. Preimesberger
 Signature of authorized representative of debtor
 Title President

James R. Preimesberger
 Printed name

18. Signature of attorney

X /s/ Jeffrey S. Shinbrot
 Signature of attorney for debtor

Date July 14, 2017
MM / DD / YYYY

Jeffrey S. Shinbrot
 Printed name

Jeffrey S. Shinbrot, APLC
 Firm name

8200 Wilshire Blvd.
Suite 400
Beverly Hills, CA 90211
 Number, Street, City, State & ZIP Code

Contact phone 3106595444

Email address jeffrey@shinbrotfirm.com

155486
 Bar number and State

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) Chapter **7**

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor	TY Five Star Corporation	Relationship to you	Same parent company
District	Central District of California	When	3/27/17
Case number, if known			2:17-bk-13687-RK
Debtor	Vista Del Sol Health Services, Inc.	Relationship to you	Same parent company
District	Central District	When	11/22/16
Case number, if known			2:16-bk-25437WB

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

Vista Del Sol Health Services, Inc., filed a chapter 7 in the Central District Los Angeles Division on 11/22/2016, case number:2:16-bk-25437-WB;TY Five Star Corporation filed a chapter 7 in the Central District Los Angeles Division on 03/27/2017 case number 2:17-bk-13687-RK.

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at _____, California.

/s/ James R. Preimesberger

James R. Preimesberger

Date: **July 14, 2017**

Signature of Debtor

Signature of Joint Debtor

UNITED STATES BANKRUPTCY COURT
Central District of California

**RESOLUTION OF BOARD OF DIRECTORS OF
McClure Convalescent Hospital and Rehabilitation
Center, Inc., a California Corporation**

I, James R. Preimesberger, declare under penalty of perjury that I am the president of McClure Convalescent Hospital and Rehabilitation Center, a California corporation, and that on May 16, 2017, the following resolution was duly adopted by the Board of Directors of this corporation:

Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;


Be It Therefore Resolved, that James R. Preimesberger, president of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that James R. Preimesberger, president of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that James R. Preimesberger, president of this corporation, is authorized and directed to employ Jeffrey S. Shinbrot, attorney and the law firm of Jeffrey S. Shinbrot, A Professional Law Corporation to represent the corporation in such bankruptcy case.

Executed on: 6/22/17

Signed: _____


James R. Preimesberger, president
McClure Convalescent
Hospital and
Rehabilitation Center,
Inc., a California
corporation

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address Jeffrey S. Shinbrot 8200 Wilshire Blvd. Suite 400 Beverly Hills, CA 90211 3106595444 Fax: 3108788304 California State Bar Number: 155486 jeffrey@shinbrotfirm.com	FOR COURT USE ONLY			
<input checked="" type="checkbox"/> Attorney for:				
<p style="text-align: center;">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p>				
In re: McClure Convalescent Hospital and Rehabilitation Center, Inc. <div style="text-align: right;"> Debtor(s), Plaintiff(s), Defendant(s). </div>	<table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;"> CASE NO.: ADVERSARY NO.: CHAPTER: 7 </td> </tr> <tr> <td style="text-align: center; padding: 10px;"> CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4 </td> </tr> <tr> <td style="text-align: right; padding: 10px;"> [No hearing] </td> </tr> </table>	CASE NO.: ADVERSARY NO.: CHAPTER: 7	CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4	[No hearing]
CASE NO.: ADVERSARY NO.: CHAPTER: 7				
CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4				
[No hearing]				

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, **James R. Preimesberger**, the undersigned in the above-captioned case, hereby declare
 (Print Name of Attorney or Declarant)
 under penalty of perjury under the laws of the United States of America that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:
- ☒ I am the president or other officer or an authorized agent of the Debtor corporation
 - ☐ I am a party to an adversary proceeding
 - ☐ I am a party to a contested matter
 - ☐ I am the attorney for the Debtor corporation
- 2.a. ☒ The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:
See Addendum
- b. ☐ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date

6/22/17

By:

Signature of Debtor, or attorney for Debtor

Name:

James Preimesberger, President

Printed name of Debtor, or attorney for Debtor

**Addendum to Corporate Ownership Statement Pursuant to
F.R.B.P. 1007(a)(1) and 7007.1, and Local Bankruptcy Rule 1002-5**

The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

Meridian Health Services Holdings
5000 Executive PKWY Suite 150
San Ramon, CA 94583

Fill in this information to identify the case:

Debtor name **McClure Convalescent Hospital and Rehabilitation Center, Inc.**
United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ **0.00**

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ **0.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **37,207.71**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **473,115.58**

4. **Total liabilities**
Lines 2 + 3a + 3b \$ **510,323.29**

Fill in this information to identify the case:

Debtor name McClure Convalescent Hospital and Rehabilitation Center, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
- ☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.

Debtor **McClure Convalescent Hospital and Rehabilitation
Center, Inc.**
Name

Case number *(If known)*

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **McClure Convalescent Hospital and Rehabilitation
Center, Inc.**
Name _____

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Donald R. White Treasurer & Tax Collector Alameda County 1221 Oak Street Oakland, CA 94612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,927.90	\$2,927.90
	Date or dates debt was incurred 7/1/2015	Basis for the claim: Tax debt		
	Last 4 digits of account number 9351	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address Franchise Tax Board Bankruptcy Section MS: A-340 PO Box 2952 Sacramento, CA 95812-2952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$800.00	\$800.00
	Date or dates debt was incurred 2014	Basis for the claim: Taxes		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor McClure Convalescent Hospital and Rehabilitation Center, Inc.		Case number (if known) _____	
Name _____			

2.3	Priority creditor's name and mailing address SEIU National Industry Pension Fund 11 Dupont Circle NW, Ste. 900 Washington, DC 20036-1202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,369.25 \$11,369.25
Date or dates debt was incurred 08/31/2014-02/28/2015		Basis for the claim: Trade debt	
Last 4 digits of account number 0026 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address State of California Franchise Tax PO Box 942857 Sacramento, CA 94257-2021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,110.56 \$22,110.56
Date or dates debt was incurred 2014		Basis for the claim: Tax year 2014	
Last 4 digits of account number 7000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address Adriana Sarmiento 1881 Gilly Lane Concord, CA 94518 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.2	Nonpriority creditor's name and mailing address Advance Textiles 639 Bair Island Road Ste 104 Redwood City, CA 94063 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>0056</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,352.66
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3.3	Nonpriority creditor's name and mailing address Air Liquide Healthcare Corp. PO Box 95198 Chicago, IL 60694-5198 Date(s) debt was incurred <u>2/11/2015</u> Last 4 digits of account number <u>0005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,338.65
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Name _____			

3.4	Nonpriority creditor's name and mailing address Albert Eave 269 Fairmount Avenue # 14 Oakland, CA 94611 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.5	Nonpriority creditor's name and mailing address Albertha Boakai Tamba 2199 Bancroft Avenue Apt. 216 San Leandro, CA 94577 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.6	Nonpriority creditor's name and mailing address Alex Pena 572 El Paseo Drive Oakland, CA 94603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.7	Nonpriority creditor's name and mailing address Alliant Foodservice Department 01676 Box 39000 San Francisco, CA 94139 Date(s) debt was incurred <u>2/26/2015</u> Last 4 digits of account number <u>5931</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,367.81
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3.8	Nonpriority creditor's name and mailing address Allscripts Extended Care Information Net 8700 W. Bryn Mawr Avenue Suite 700N Chicago, IL 60631 Date(s) debt was incurred <u>1/25/2015</u> Last 4 digits of account number <u>8281</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,416.52
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3.9	Nonpriority creditor's name and mailing address Alte Bates Medical Center 3100 Summit Room G-615 Oakland, CA 94609 Date(s) debt was incurred <u>10/14/2015</u> Last 4 digits of account number <u>0300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,606.83
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3.10	Nonpriority creditor's name and mailing address AMS Invoicing PO Box 681646 Franklin, TN 37068 Date(s) debt was incurred <u>12/27/2013</u> Last 4 digits of account number <u>McLure</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.11	Nonpriority creditor's name and mailing address Asnakech Tedia 124 14th Street Apt. 7 Oakland, CA 94612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.12	Nonpriority creditor's name and mailing address Barkley Court Reporters File No. 50217 Los Angeles, CA 90074 Date(s) debt was incurred <u>12/2/2016</u> Last 4 digits of account number <u>6604</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$402.36
3.13	Nonpriority creditor's name and mailing address Barnett Medical Services 30620 San Antonio Street Hayward, CA 94544 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>0085</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,090.00
3.14	Nonpriority creditor's name and mailing address Benian Mobio 1580 Clayton Road Apt. 15 Concord, CA 94520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	Nonpriority creditor's name and mailing address Bessys Ruiz 24955 Cypress Avenue Apt. 59 Hayward, CA 94544 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	Nonpriority creditor's name and mailing address Beyond Plumbing 650 McClary Avenue Oakland, CA 94621 Date(s) debt was incurred <u>1/6/2015</u> Last 4 digits of account number <u>McClure</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,600.00
3.17	Nonpriority creditor's name and mailing address Blodesix PO Box 742961 Los Angeles, CA 90074 Date(s) debt was incurred <u>9/15/2014</u> Last 4 digits of account number <u>SNF-MCCN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,069.75

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3.18	Nonpriority creditor's name and mailing address Briggs Forms & Supplies PO Box 1355 Des Moines, IA 50305 Date(s) debt was incurred <u>1/30/2015</u> Last 4 digits of account number <u>3137</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$131.22</u>
3.19	Nonpriority creditor's name and mailing address Brode Bros & Co. 2491 Aliuvial Avenue Suite 4 Clovis, CA 93611 Date(s) debt was incurred <u>1/30/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,732.00</u>
3.20	Nonpriority creditor's name and mailing address CAHF PO Box 537004 Sacramento, CA 95816 Date(s) debt was incurred <u>2/1/2015</u> Last 4 digits of account number <u>1178</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,900.00</u>
3.21	Nonpriority creditor's name and mailing address CalendersUSA PO Box 786 Boyce Hot Springs, CA 95416 Date(s) debt was incurred <u>12/4/2013</u> Last 4 digits of account number <u>0050</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$142.17</u>
3.22	Nonpriority creditor's name and mailing address Calvin Hayes 361 105th Avenue Oakland, CA 94603 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.23	Nonpriority creditor's name and mailing address Celina Gonzalez Nuno PO Box 3127 Oakland, CA 94609 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.24	Nonpriority creditor's name and mailing address Charlie Nelson 2240 MacArthur Blvd., Apt. 3 Oakland, CA 94602 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

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3.25	Nonpriority creditor's name and mailing address Cheryl Young 459 Cottonwood Drive Fairfield, CA 94533 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.26	Nonpriority creditor's name and mailing address Cintas Corporation #054 PO Box 29059 Phoenix, AZ 85038 Date(s) debt was incurred <u>2/23/2015</u> Last 4 digits of account number <u>8491</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$989.51
3.27	Nonpriority creditor's name and mailing address Clark Pest Control PO Box 1480 Lodi, CA 95241 Date(s) debt was incurred <u>2/11/2015</u> Last 4 digits of account number <u>7273</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.00
3.28	Nonpriority creditor's name and mailing address Clean Source 650 Brennan Street San Jose, CA 95131 Date(s) debt was incurred <u>2/9/2015</u> Last 4 digits of account number <u>5280</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,826.97
3.29	Nonpriority creditor's name and mailing address Comcast PO Box 34696 Seattle, WA 98124 Date(s) debt was incurred <u>2/26/2015</u> Last 4 digits of account number <u>1956</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.08
3.30	Nonpriority creditor's name and mailing address Community Mobile Diagnostics 1700 150th Avenue San Leandro, CA 94578 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>5MCR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,857.50
3.31	Nonpriority creditor's name and mailing address Community Mobile Ultrasound 10948 Bigge Street San Leandro, CA 94577 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>0004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.58

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3.32	Nonpriority creditor's name and mailing address Cora Franklin 3222 Delaware Street Apt. C Oakland, CA 94602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.33	Nonpriority creditor's name and mailing address Corinthian Medical Staffing PO Box 100305 Pasadena, CA 91189 Date(s) debt was incurred <u>11/22/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.34	Nonpriority creditor's name and mailing address Corporate West Computer System 1610 Dell Avenue Ste. F Campbell, CA 95008 Date(s) debt was incurred <u>2/1/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,041.04
3.35	Nonpriority creditor's name and mailing address Darling International PO Box 552210 Detroit, MI 48255 Date(s) debt was incurred <u>2/2/2015</u> Last 4 digits of account number <u>3025</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.81
3.36	Nonpriority creditor's name and mailing address Davis & Company 15200 Hesperian Blvd., Ste. 202 San Leandro, CA 94578-3927 Date(s) debt was incurred <u>09/15/2014</u> Last 4 digits of account number <u>0048</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,516.66
3.37	Nonpriority creditor's name and mailing address Debesu T. Sebhatu 1821 6th Avenue Apt. 301 Oakland, CA 94606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.38	Nonpriority creditor's name and mailing address Delores Hull 833 54th St., Apt. D Oakland, CA 94609 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.39	<p>Nonpriority creditor's name and mailing address Devon Self-Storage 2633 Telegraph Avenue Oakland, CA 94612</p> <p>Date(s) debt was incurred <u>9/10/2015</u> Last 4 digits of account number <u>0050</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$680.00</p>
3.40	<p>Nonpriority creditor's name and mailing address Diagnostic Laboratories 2820 N. Ontario Street Burbank, CA 91504-2015</p> <p>Date(s) debt was incurred <u>3/3/2015</u> Last 4 digits of account number <u>5MCR</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$11,834.71</p>
3.41	<p>Nonpriority creditor's name and mailing address Diamant Care, Inc. 1563 Solano avenue # 456 Berkeley, CA 94707</p> <p>Date(s) debt was incurred <u>4/9/2014</u> Last 4 digits of account number <u>2910</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$167.86</p>
3.42	<p>Nonpriority creditor's name and mailing address DSU Discovery 268 Bush Street Suite 2901 San Francisco, CA 94104</p> <p>Date(s) debt was incurred <u>7/14/2015</u> Last 4 digits of account number <u>lure</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$220.90</p>
3.43	<p>Nonpriority creditor's name and mailing address Dummit, Buchholz & Trapp 11755 Wilshire Blvd., 15th Floor Los Angeles, CA 90025-1506</p> <p>Date(s) debt was incurred <u>7/1/2016</u> Last 4 digits of account number <u>321Q</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,541.15</p>
3.44	<p>Nonpriority creditor's name and mailing address Dynamic Medical Systems 2807 Oregon Court Torrance, CA 90503</p> <p>Date(s) debt was incurred <u>8/1/2014</u> Last 4 digits of account number <u>0050</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,283.90</p>
3.45	<p>Nonpriority creditor's name and mailing address EJ Communications LLC 142 Kennedy Avenue Campbell, CA 95008</p> <p>Date(s) debt was incurred <u>2/19/2015</u> Last 4 digits of account number <u>8472</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$673.08</p>

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3.46	Nonpriority creditor's name and mailing address Eric Johnson 729 Medford Hayward, CA 94541 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.47	Nonpriority creditor's name and mailing address Everything Medical 2109 Hilltop Drive Redding, CA 96002 Date(s) debt was incurred <u>1/1/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$840.00</u>
3.48	Nonpriority creditor's name and mailing address George Kelley 2518 35th Avenue # 37 Oakland, CA 94601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.49	Nonpriority creditor's name and mailing address Gina C. Domondon 2910 McClure Street Oakland, CA 94609 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.50	Nonpriority creditor's name and mailing address Gloria Nwankwo 2601 57th Avenue Oakland, CA 94605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.51	Nonpriority creditor's name and mailing address Gordon & Rees LLP 275 Battery St., 20th Floor San Francisco, CA 94111 Date(s) debt was incurred <u>3/17/2015</u> Last 4 digits of account number <u>4372</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,510.00</u>
3.52	Nonpriority creditor's name and mailing address Gulf South Medical Supply PO Box 841968 Dallas, TX 75284 Date(s) debt was incurred <u>3/31/2015</u> Last 4 digits of account number <u>9382</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$81,998.10</u>

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3.53	<p>Nonpriority creditor's name and mailing address</p> <p>H. Geoffrey Watson MD 1160 Drury Road Oakland, CA 94618</p> <p>Date(s) debt was incurred <u>2/20/2015</u></p> <p>Last 4 digits of account number <u>0041</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$13,500.00</p>
<hr/>			
3.54	<p>Nonpriority creditor's name and mailing address</p> <p>Healthare Services Group Inc. 3220 Tillman Drive Bensalem, PA 19020</p> <p>Date(s) debt was incurred <u>2/1/2015</u></p> <p>Last 4 digits of account number <u>0049</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$46,478.81</p>
<hr/>			
3.55	<p>Nonpriority creditor's name and mailing address</p> <p>Heartland Hospice R&B Coordinator 333 N. Summitl St Toledo, OH 43699</p> <p>Date(s) debt was incurred <u>12/14/2015</u></p> <p>Last 4 digits of account number <u>MCR</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$87.36</p>
<hr/>			
3.56	<p>Nonpriority creditor's name and mailing address</p> <p>Hill-Rom 4349 Corporate Road North Charleston, SC 29405</p> <p>Date(s) debt was incurred <u>2/20/2105</u></p> <p>Last 4 digits of account number <u>8258</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$993.60</p>
<hr/>			
3.57	<p>Nonpriority creditor's name and mailing address</p> <p>Home Depot Credit Services Dept. 32-2500384833 PO Box 6031 The Lakes, NV 88901</p> <p>Date(s) debt was incurred <u>2/28/2015</u></p> <p>Last 4 digits of account number <u>4833</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,984.68</p>
<hr/>			
3.58	<p>Nonpriority creditor's name and mailing address</p> <p>Home Depot Supply PO Box 509058 San Diego, CA 92150-9058</p> <p>Date(s) debt was incurred <u>2/27/2015</u></p> <p>Last 4 digits of account number <u>0856</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
<hr/>			
3.59	<p>Nonpriority creditor's name and mailing address</p> <p>IPC The Hospitalist Co., Inc. PO Box 92284 Los Angeles, CA 90009</p> <p>Date(s) debt was incurred <u>7/20/2014</u></p> <p>Last 4 digits of account number <u>0041</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,500.00</p>

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3.60	Nonpriority creditor's name and mailing address Jagdip Singh Johal 1040 45th Street Apt. C Emeryville, CA 94608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.61	Nonpriority creditor's name and mailing address James Daniel 968 41st Street Emeryville, CA 94608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.62	Nonpriority creditor's name and mailing address James Peevy 729 Medford Avenue Hayward, CA 94541 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.63	Nonpriority creditor's name and mailing address JAMS PO Box 84502 Los Angeles, CA 90084 Date(s) debt was incurred <u>7/19/2016</u> Last 4 digits of account number <u>1714</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$755.93
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3.64	Nonpriority creditor's name and mailing address Jenipher Tugara 3600 Sierra Ridge Avenue # 4206 Richmond, CA 94806 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.65	Nonpriority creditor's name and mailing address Jerry Sedillo 1616 Lincoln Avenue Alameda, CA 94501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.66	Nonpriority creditor's name and mailing address Kadence Healthcare 10840 Walker St Cypress, CA 90630 Date(s) debt was incurred <u>1/31/2014</u> Last 4 digits of account number <u>MCC/RENA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$872.00
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Debtor McClure Convalescent Hospital and Rehabilitation Center, Inc.		Case number (if known) _____	
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3.67	Nonpriority creditor's name and mailing address Kannarr & Company PO Box 1437 West Point, CA 95255 Date(s) debt was incurred <u>3/4/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,799.40
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3.68	Nonpriority creditor's name and mailing address Khadidiatou Lo 113124th Street Apt. 120 Oakland, CA 94607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.69	Nonpriority creditor's name and mailing address Kibra Godefay 1801 Shoreline Drive # 119B Alameda, CA 94501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.70	Nonpriority creditor's name and mailing address Leontina Williams 2145 Vicksburg Avenue Oakland, CA 94601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.71	Nonpriority creditor's name and mailing address Leterbrhan Kidane 262 28th Street # 7 Oakland, CA 94611 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.72	Nonpriority creditor's name and mailing address Liberty Mutual Insurance Company Watt, Tieder, Hoffar & Fitzgerald 2040 Main Street Suite 300 Irvine, CA 92614 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuite pending in Superior Court of California Orange County, 30-2013-00690574</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.73	Nonpriority creditor's name and mailing address Lino Gonzales 606 22nd Street Oakland, CA 94612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor McClure Convalescent Hospital and Rehabilitation Center, Inc.		Case number (if known) _____	
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3.74	Nonpriority creditor's name and mailing address Lorene Tardy 2695 76th Avenue Oakland, CA 94605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.75	Nonpriority creditor's name and mailing address LTC Geary Pharmacy 5427 Geary Blvd. San Francisco, CA 94121 Date(s) debt was incurred <u>3/3/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,760.25
3.76	Nonpriority creditor's name and mailing address Lynch, Cilardi & Grummer 170 Columbus Avenue 5th Floor San Francisco, CA 94133 Date(s) debt was incurred <u>5/18/2017</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,883.46
3.77	Nonpriority creditor's name and mailing address Madeline Jackson 2121-7th Street Apt. 201 Berkeley, CA 94710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.78	Nonpriority creditor's name and mailing address Magdaleno Cabrera 6689 Bancroft Avenue Apt. B Oakland, CA 94605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.79	Nonpriority creditor's name and mailing address Maria Barrios 8032 Iris Street Oakland, CA 94605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.80	Nonpriority creditor's name and mailing address Maria P. Palmenco 1939 36th Avenue Oakland, CA 94601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.81	Nonpriority creditor's name and mailing address Maria Rocha 1652 96th Avenue Oakland, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.82	Nonpriority creditor's name and mailing address Maribel Lara 22258 Lantana Ct. Castro Valley, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.83	Nonpriority creditor's name and mailing address Martha H. Cruz 2002 83rd Avenue Oakland, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.84	Nonpriority creditor's name and mailing address Matoye L. Son 684 Memorial Way Hayward, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.85	Nonpriority creditor's name and mailing address McKesson Corporation c/o Pachulski Stang Ziehl & Jones, 150 California Street 15th Floor San Francisco, CA 94111-4500 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit pending in Superior Court of California</u> <u>Contra Costa County MSC15-10448</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.86	Nonpriority creditor's name and mailing address McKesson Medical Surgical PO Box 630693 Cincinnati, OH 45263 Date(s) debt was incurred <u>7/31/2014</u> Last 4 digits of account number <u>4526</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,158.80
3.87	Nonpriority creditor's name and mailing address Meaza Sura 720 E. 11th Street Suite 302 Oakland, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.88	Nonpriority creditor's name and mailing address Muir Lab Dept. 33512 PO Box 39000 San Francisco, CA 94139 Date(s) debt was incurred <u>11/1/2013</u> Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,745.45
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3.89	Nonpriority creditor's name and mailing address N&A Medical Supply Inc. c/oMurphy, Pearson, Bradley &Feeney 88 Kearny St., 10th Floor San Francisco, CA 94108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit pending Superior Court of California, County of San Francisco CGC-15-544545</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.90	Nonpriority creditor's name and mailing address Natisha Perkins 3020 Linden Street Emeryville, CA 94608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.91	Nonpriority creditor's name and mailing address Nickannie Deloney 1220 Foothill Blvd., # F Oakland, CA 94606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.92	Nonpriority creditor's name and mailing address Nutrition Therapy Essentials 325 Crest Drive San Jose, CA 95127 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>0046</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,443.00
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3.93	Nonpriority creditor's name and mailing address One Legal 504 Redwood Road Suite 223 Novato, CA 94947 Date(s) debt was incurred <u>1/9/2017</u> Last 4 digits of account number <u>0425</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.30
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3.94	Nonpriority creditor's name and mailing address Orthopaedic & Neurological 200 South Santa Cruze Avenue Los Gatos, CA 95030 Date(s) debt was incurred <u>12/10/2104</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,009.94
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3.95	Nonpriority creditor's name and mailing address Orthopedic and Neurological Rehab c/o Nathan D. Wirtschafter, Corp. 16501 Ventura Blvd., Suite 610 Encino, CA 91436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit pending LASC Central District BC560082.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.96	Nonpriority creditor's name and mailing address Ouohi Lionel Veh 1271 Monument Blvd., Apt. 43 Concord, CA 94520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.97	Nonpriority creditor's name and mailing address Pacific Signaling Systems PO Box 1153 Danville, CA 94526 Date(s) debt was incurred <u>2/6/2015</u> Last 4 digits of account number <u>McClure</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$740.00
3.98	Nonpriority creditor's name and mailing address Palwinder Sandhu 1060 Crepe Myrtle Drive Hercules, CA 94547 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99	Nonpriority creditor's name and mailing address Patterson Medical PO Box 93040 Chicago, IL 60673 Date(s) debt was incurred <u>8/4/2014</u> Last 4 digits of account number <u>4694</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354.69
3.100	Nonpriority creditor's name and mailing address PG&E PO Box 997300 Sacramento, CA 95899 Date(s) debt was incurred <u>3/13/2015</u> Last 4 digits of account number <u>6201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,377.29
3.101	Nonpriority creditor's name and mailing address PharMerica PO Box 409251 Atlanta, GA 30384 Date(s) debt was incurred <u>3/31/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,719.99

Debtor McClure Convalescent Hospital and Rehabilitation Center, Inc.		Case number (if known) _____	
Name _____			

3.102	Nonpriority creditor's name and mailing address Premier Rehab Services 538 West Monte Vista Ave Vacaville, CA 95688 Date(s) debt was incurred <u>3/2/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,768.78
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3.103	Nonpriority creditor's name and mailing address Rainbow Services PO Box 3465 Saratoga, CA 95070 Date(s) debt was incurred <u>12/17/2013</u> Last 4 digits of account number <u>0072</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,391.00
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3.104	Nonpriority creditor's name and mailing address Rehab and Associates LLC 915 C Street Hayward, CA 94541 Date(s) debt was incurred <u>1/1/2015</u> Last 4 digits of account number <u>LN00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,938.45
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3.105	Nonpriority creditor's name and mailing address Rehana Yesuf 1843 Poggi Street Apt. 309C Alameda, CA 94501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.106	Nonpriority creditor's name and mailing address Riviera Finance PO Box 100305 Pasadena, CA 91189 Date(s) debt was incurred <u>11/4/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,643.00
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3.107	Nonpriority creditor's name and mailing address Rose Stearne 320 Ladera Drive Vallejo, CA 94591 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.108	Nonpriority creditor's name and mailing address Roshunda Lambert 1258 79th Avenue Oakland, CA 94621 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor McClure Convalescent Hospital and Rehabilitation Center, Inc.		Case number (if known) _____	
Name _____			

3.109	Nonpriority creditor's name and mailing address Roto-Rooter PO Box 10637 Pleasanton, CA 94588 Date(s) debt was incurred <u>12/17/2014</u> Last 4 digits of account number <u>0072</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,677.49
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3.110	Nonpriority creditor's name and mailing address Royal Ambulance Inc. Lock Box PO Box 894660 Los Angeles, CA 90189 Date(s) debt was incurred <u>8/14/2014</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,763.48
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3.111	Nonpriority creditor's name and mailing address Ruth T. Clay 2748 75th Avenue Oakland, CA 94605 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.112	Nonpriority creditor's name and mailing address Sallie Carter 273 Sybil Avenue # 4 San Leandro, CA 94577 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.113	Nonpriority creditor's name and mailing address Samuel Kibirige 2742 Park Blvd., Apt. E Oakland, CA 94606 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.114	Nonpriority creditor's name and mailing address Sara Callado 26030 Gading Road Apt. 26 Hayward, CA 94544 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.115	Nonpriority creditor's name and mailing address SBC Smart Yellow Pages PO Box 989046 West Sacramento, CA 95798 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.60
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Debtor McClure Convalescent Hospital and Rehabilitation Center, Inc.		Case number (if known) _____
Name _____		
3.116	Nonpriority creditor's name and mailing address Second Image PO Box 809 San Dimas, CA 91773 Date(s) debt was incurred <u>12/25/2016</u> Last 4 digits of account number <u>9009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,417.51</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address See Bay Game Company 77 Cliffwood Avenue Suite 1-D Cliffwood, NJ 07721 Date(s) debt was incurred <u>10/23/2014</u> Last 4 digits of account number <u>7800</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$121.79</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address Semira Abdu 1601 Market St., Apt. 101 Oakland, CA 94607 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address Sharps Compliance, Inc. PO Box 202935 Dallas, TX 75320-2935 Date(s) debt was incurred <u>2/6/2014</u> Last 4 digits of account number <u>2600</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$563.86</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address Sheldon Helms 3318 Karen Way Pittsburg, CA 94565 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address Sheneda N. Hart 2651 Sacramento Street Berkeley, CA 94702 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address Shred-It 5046 Commerial Circle Concord, CA 94520 Date(s) debt was incurred <u>4/9/2015</u> Last 4 digits of account number <u>0373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$59.83</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **McClure Convalescent Hospital and Rehabilitation
Center, Inc.**

Case number (if known) _____

Name

3.123	Nonpriority creditor's name and mailing address SNF Forms & Supplies Inc. P.O. Box 4390 Garden Grove, CA 92642 Date(s) debt was incurred <u>1/21/2015</u> Last 4 digits of account number <u>2200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.39
3.124	Nonpriority creditor's name and mailing address Some Things Fishy LLC 16310 Shannon Road Los Gatos, CA 95032 Date(s) debt was incurred <u>2/1/2015</u> Last 4 digits of account number <u>0073</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$936.00
3.125	Nonpriority creditor's name and mailing address Spherical Medical 2980 Jordan Road Oakland, CA 94602 Date(s) debt was incurred <u>2/28/2015</u> Last 4 digits of account number <u>0041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,375.00
3.126	Nonpriority creditor's name and mailing address Stephen A. Fraser, Esquire 3030 Bridgeway Suite 127 Sausalito, CA 94965 Date(s) debt was incurred <u>6/1/2014</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,482.56
3.127	Nonpriority creditor's name and mailing address Tammy Alford 206 Larrisa Lane Vallejo, CA 94590 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit pending in Superior Court Alameda County</u> <u>Case number HG14727258</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.128	Nonpriority creditor's name and mailing address Tawdros Mamuye 1445 Harrison St., # 352 Oakland, CA 94612 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.129	Nonpriority creditor's name and mailing address Timberlake 8322 Ferguson Sacramento, CA 95828 Date(s) debt was incurred <u>10/16/2013</u> Last 4 digits of account number <u>1508</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00

Debtor **McClure Convalescent Hospital and Rehabilitation
Center, Inc.**

Case number (if known) _____

3.130	Nonpriority creditor's name and mailing address Tsige Gebrehiwet 690 15th Street # 207 Oakland, CA 94612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.131	Nonpriority creditor's name and mailing address VCheck Global 5670 Wilshire Blvd., Ste. 1530 Los Angeles, CA 90036 Date(s) debt was incurred <u>2/24/2015</u> Last 4 digits of account number <u>0093</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$790.00
3.132	Nonpriority creditor's name and mailing address Verna M. Easter 165 22nd Street Richmond, CA 94801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.133	Nonpriority creditor's name and mailing address Vibrant Care Pharmacy Inc. c/o Law Offices of Alex Gortinsky 2233 Watt Avenue Suite 340 Sacramento, CA 95825 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit pending in Superior Court of California</u> <u>County of Alameda RG15772658.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.134	Nonpriority creditor's name and mailing address Waste Management of Alameda Co. P.O. Box 78251 Phoenix, AZ 85062 Date(s) debt was incurred <u>3/1/2015</u> Last 4 digits of account number <u>2168</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,453.63
3.135	Nonpriority creditor's name and mailing address Webb Fire Protection PO Box 2055 Mission Viejo, CA 92690 Date(s) debt was incurred <u>2/20/2015</u> Last 4 digits of account number <u>0193</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.00
3.136	Nonpriority creditor's name and mailing address Webster Orthopaedic Medical Group 3300 Webster Street Oakland, CA 94609 Date(s) debt was incurred <u>4/2/2015</u> Last 4 digits of account number <u>0004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.94

Debtor **McClure Convalescent Hospital and Rehabilitation
Center, Inc.**

Case number (if known) _____

3.137	Nonpriority creditor's name and mailing address Yodit Gebru 502 Berry Avenue Apt. 27 Hayward, CA 94544 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.138	Nonpriority creditor's name and mailing address Yolanda Flores Burt 615 Civic Center Dr. West Hesperia, CA 92345 Date(s) debt was incurred <u>5/16/2017</u> Last 4 digits of account number <u>0047</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,143.50

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bravo & Margulies 1315 7th Avenue San Francisco, CA 94122	Line <u>3.127</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Calvin D. Brent Jr. 8703 Hidden Grove Place Louisville, KY 40291	Line <u>3.127</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Karl D. Belgum, Esquire One Embarcadero Center 18th Floor San Francisco, CA 94111-3600	Line <u>3.72</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Keith F. Simpson, Esquire Law Offices of Keith F. Simpson 1334 Parkview Avenue Suite 325 Manhattan Beach, CA 90266	Line <u>3.85</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Law Offices of Yolanda Flores-Burt 16501 Walnut St., Ste 7 Hesperia, CA 92345	Line <u>3.127</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	SEIU-BSEPP Fund PO Box 841961 Boston, MA 02284-1961	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	\$		37,207.71
5b. Total claims from Part 2	+	\$	473,115.58

Debtor **McClure Convalescent Hospital and Rehabilitation
Center, Inc.**

Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$	510,323.29
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Fill in this information to identify the case:

Debtor name McClure Convalescent Hospital and Rehabilitation Center, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name McClure Convalescent Hospital and Rehabilitation Center, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 14, 2017

X /s/ James R. Preimesberger

Signature of individual signing on behalf of debtor

James R. Preimesberger

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name McClure Convalescent Hospital and Rehabilitation Center, Inc.
United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☒ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Lynch, Cilardi & Grummer 170 Columbus Avenue 5th Floor San Francisco, CA 94133	5/1/2017	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal fees,</u>

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Orthopedic and Neurological Rehabilitation et al. McClure Convalescent Hospital and Rehabilitation Center, Inc. BC560082	Collection	Los Angeles Superior Court 111 North Hill Street Los Angeles, CA 90012	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	McKesson Corporation et al vs. McClure Convalescent Hospital and Rehabilitation Center, Inc., et al. MSC15-01448	Collection	Superior Court County of Contra Costa 725 Court Street Martinez, CA 94553	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Vibrant Care Pharmacy Inc., et al. vs. Meridian Health Services Corporation et al. RG15772658	Collection	Superior Court County of Contra Costa 1225 Fallon Street Oakland, CA 94612	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	N&A Medical Supply Inc., vs. San Bruno Skilled Nursing Hospital, et al. CGC-15-544545	Collection	Superior Court County of San Francisco 400 McAllister Street San Francisco, CA 94102-4515	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	Tammy Alford and Angela Alford et al. vs. McClure Convalescent Hospital and Rehabilitation Center et al. HG14727258	Breached Applicable Standard of Care etc.	Superior Court of California Alameda 2233 Shoreline Drive Alameda, CA 94501	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Liberty Mutual Insurance Company et al. vs. HISIP et al. 30-2013-00690574 (JCCP 4795)	Breach o Contract Indemnity etc.	Superior Court Count of Orange	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Jeffrey S. Shinbrot, APLC 8200 Wilshire Blvd., Suite 400 Beverly Hills, CA 90211		5/16/2017	\$7,500.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own
21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
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26a.1. **Foresight Management Services
PO Box 3350
San Ramon, CA 94583**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26c.1. **Foresight Management Services
PO Box 3350
San Ramon, CA 94583**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.****29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☐ No☒ Yes. Identify below.**Name****Address****Position and nature of any interest****Period during which position or interest was held****James Preimesberger****PO Box 3350
San Ramon, CA 94583****President****30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.**Name and address of recipient****Amount of money or description and value of property****Dates****Reason for providing the value****31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

Debtor **McClure Convalescent Hospital and Rehabilitation Center, Inc.**

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 14, 2017**

/s/ James R. Preimesberger

Signature of individual signing on behalf of the debtor

James R. Preimesberger

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
Central District of California**

In re **McClure Convalescent Hospital and Rehabilitation Center, Inc.**
Debtor(s)

Case No. _____
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>7,500.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>7,500.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
None
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 14, 2017

Date

/s/ Jeffrey S. Shinbrot

Jeffrey S. Shinbrot 155486

Signature of Attorney

Jeffrey S. Shinbrot, APLC

8200 Wilshire Blvd.

Suite 400

Beverly Hills, CA 90211

3106595444 Fax: 3108788304

jeffrey@shinbrotfirm.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos.,
 State Bar No. & Email Address
Jeffrey S. Shinbrot
8200 Wilshire Blvd.
Suite 400
Beverly Hills, CA 90211
3106595444 Fax: 3108788304
 California State Bar Number: 155486
jeffrey@shinbrotfirm.com

FOR COURT USE ONLY

☐ Debtor(s) appearing without an attorney

☒ Attorney for Debtor

**UNITED STATES BANKRUPTCY COURT
 CENTRAL DISTRICT OF CALIFORNIA**

In re:

**McClure Convalescent Hospital and
 Rehabilitation Center, Inc.**

CASE NO.:
 CHAPTER: 7

**VERIFICATION OF MASTER
 MAILING LIST OF CREDITORS**

[LBR 1007-1(a)]

Debtor(s).

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 19 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: July 14, 2017/s/ James R. Preimesberger

Signature of Debtor 1

Date: _____

 Signature of Debtor 2 (joint debtor)) (if applicable)Date: July 14, 2017/s/ Jeffrey S. Shinbrot

Signature of Attorney for Debtor (if applicable)

McClure Convalescent Hospital and Rehabilitation Center, I
P.O. Box 3350
San Ramon, CA 94583

Jeffrey S. Shinbrot
Jeffrey S. Shinbrot, APLC
8200 Wilshire Blvd.
Suite 400
Beverly Hills, CA 90211

Adriana Sarmiento
1881 Gilly Lane
Concord, CA 94518

Advance Textiles
639 Bair Island Road Ste 104
Redwood City, CA 94063

Air Liquide Healthcare Corp.
PO Box 95198
Chicago, IL 60694-5198

Albert Eave
269 Fairmount Avenue # 14
Oakland, CA 94611

Albertha Boakai Tamba
2199 Bancroft Avenue Apt. 216
San Leandro, CA 94577

Alex Pena
572 El Paseo Drive
Oakland, CA 94603

Alliant Foodservice
Department 01676
Box 39000
San Francisco, CA 94139

Allscripts
Extended Care Information Net
8700 W. Bryn Mawr Avenue Suite 700N
Chicago, IL 60631

Alte Bates Medical Center
3100 Summit Room G-615
Oakland, CA 94609

AMS Invoicing
PO Box 681646
Franklin, TN 37068

Asnakech Tedia
124 14th Street Apt. 7
Oakland, CA 94612

Barkley Court Reporters
File No. 50217
Los Angeles, CA 90074

Barnett Medical Services
30620 San Antonio Street
Hayward, CA 94544

Benian Mobio
1580 Clayton Road Apt. 15
Concord, CA 94520

Bessys Ruiz
24955 Cypress Avenue Apt. 59
Hayward, CA 94544

Beyond Plumbing
650 McClary Avenue
Oakland, CA 94621

Blodesix
PO Box 742961
Los Angeles, CA 90074

Bravo & Margulies
1315 7th Avenue
San Francisco, CA 94122

Briggs Forms & Supplies
PO Box 1355
Des Moines, IA 50305

Brode Bros & Co.
2491 Aliuvial Avenue Suite 4
Clovis, CA 93611

CAHF
PO Box 537004
Sacramento, CA 95816

CalendersUSA
PO Box 786
Boyce Hot Springs, CA 95416

Calvin D. Brent Jr.
8703 Hidden Grove Place
Louisville, KY 40291

Calvin Hayes
361 105th Avenue
Oakland, CA 94603

Celina Gonzalez Nuno
PO Box 3127
Oakland, CA 94609

Charlie Nelson
2240 MacArthur Blvd., Apt. 3
Oakland, CA 94602

Cheryl Young
459 Cottonwood Drive
Fairfield, CA 94533

Cintas Corporation #054
PO Box 29059
Phoenix, AZ 85038

Clark Pest Control
PO Box 1480
Lodi, CA 95241

Clean Source
650 Brennan Street
San Jose, CA 95131

Comcast
PO Box 34696
Seattle, WA 98124

Community Mobile Diagnostics
1700 150th Avenue
San Leandro, CA 94578

Community Mobile Ultrasound
10948 Bigge Street
San Leandro, CA 94577

Cora Franklin
3222 Delaware Street Apt. C
Oakland, CA 94602

Corinthian Medical Staffing
PO Box 100305
Pasadena, CA 91189

Corporate West Computer System
1610 Dell Avenue Ste. F
Campbell, CA 95008

Darling International
PO Box 552210
Detroit, MI 48255

Davis & Company
15200 Hesperian Blvd., Ste. 202
San Leandro, CA 94578-3927

Debesu T. Sebhatu
1821 6th Avenue Apt. 301
Oakland, CA 94606

Delores Hull
833 54th St., Apt. D
Oakland, CA 94609

Devon Self-Storage
2633 Telegraph Avenue
Oakland, CA 94612

Diagnostic Laboratories
2820 N. Ontario Street
Burbank, CA 91504-2015

Diamant Care, Inc.
1563 Solano avenue # 456
Berkeley, CA 94707

Donald R. White Treasuer & Tax
Collector Alameda County
1221 Oak Street
Oakland, CA 94612

DSU Discovery
268 Bush Street Suite 2901
San Francisco, CA 94104

Dummit, Buchholz & Trapp
11755 Wilshire Blvd., 15th Floor
Los Angeles, CA 90025-1506

Dynamic Medical Systems
2807 Oregon Court
Torrance, CA 90503

EJ Communications LLC
142 Kennedy Avenue
Campbell, CA 95008

Eric Johnson
729 Medford
Hayward, CA 94541

Everything Medical
2109 Hilltop Drive
Redding, CA 96002

Franchise Tax Board
Bankruptcy Section MS: A-340
PO Box 2952
Sacramento, CA 95812-2952

George Kelley
2518 35th Avenue # 37
Oakland, CA 94601

Gina C. Domondon
2910 McClure Street
Oakland, CA 94609

Gloria Nwankwo
2601 57th Avenue
Oakland, CA 94605

Gordon & Rees LLP
275 Battery St., 20th Floor
San Francisco, CA 94111

Gulf South Medical Supply
PO Box 841968
Dallas, TX 75284

H. Geoffrey Watson MD
1160 Drury Road
Oakland, CA 94618

Healthare Services Group INC.
3220 Tillman Drive
Bensalem, PA 19020

Heartland Hospice R&B Coordinator
333 N. Summitl St
Toledo, OH 43699

Hill-Rom
4349 Corporate Road
North Charleston, SC 29405

Home Depot Credit Services
Dept. 32-2500384833
PO Box 6031
The Lakes, NV 88901

Home Depot Supply
PO Box 509058
San Diego, CA 92150-9058

IPC The Hosptalist Co., Inc.
PO Box 92284
Los Angeles, CA 90009

Jagdip Singh Johal
1040 45th Street Apt. C
Emeryville, CA 94608

James Daniel
968 41st Street
Emeryville, CA 94608

James Peevy
729 Medford Avenue
Hayward, CA 94541

JAMS
PO Box 84502
Los Angeles, CA 90084

Jenipher Tugara
3600 Sierra Ridge Aenue # 4206
Richmond, CA 94806

Jerry Sedillo
1616 Lincoln Avenue
Alameda, CA 94501

Kadence Healthcare
10840 Walker St
Cypress, CA 90630

Kannarr & Company
PO Box 1437
West Point, CA 95255

Karl D. Belgum, Esquire
One Embarcadero Center 18th Floor
San Francisco, CA 94111-3600

Keith F. Simpson, Esquire
Law Offices of Keith F. Simpson
1334 Parkview Avenue Suite 325
Manhattan Beach, CA 90266

Khadidiatou Lo
113124th Street Apt. 120
Oakland, CA 94607

Kibra Godefay
1801 Shoreline Drive # 119B
Alameda, CA 94501

Law Offices of Yolanda Flores-Burt
16501 Walnut St., Ste 7
Hesperia, CA 92345

Leontina Williams
2145 Vicksburg Avenue
Oakland, CA 94601

Leterbrhan Kidane
262 28th Street # 7
Oakland, CA 94611

Liberty Mutual Insurance Company
Watt, Tieder, Hoffar & Fitzgerald
2040 Main Street Suite 300
Irvine, CA 92614

Lino Gonzales
606 22nd Street
Oakland, CA 94612

Lorene Tardy
2695 76th Avenue
Oakland, CA 94605

LTC Geary Pharmacy
5427 Geary Blvd.
San Francisco, CA 94121

Lynch, Cilardi & Grummer
170 Columbus Avenue 5th Floor
San Francisco, CA 94133

Madeline Jackson
2121-7th Street Apt. 201
Berkeley, CA 94710

Magdaleno Cabrera
6689 Bancroft Avenue Apt. B
Oakland, CA 94605

Maria Barrios
8032 Iris Street
Oakland, CA 94605

Maria P. Palmenco
1939 36th Avenue
Oakland, CA 94601

Maria Rocha
1652 96th Avenue
Oakland, CA 94603

Maribel Lara
22258 Lantana Ct.
Castro Valley, CA 94546

Martha H. Cruz
2002 83rd Avenue
Oakland, CA 94621

Matoye L. Son
684 Memorial Way
Hayward, CA 94541

McKesson Corporation
c/o Pachulski Stang Ziehl & Jones,
150 California Street 15th Floor
San Francisco, CA 94111-4500

McKesson Medical Surgical
PO Box 630693
Cincinnati, OH 45263

Meaza Sura
720 E. 11th Street Suite 302
Oakland, CA 94606

Muir Lab
Dept. 33512
PO Box 39000
San Francisco, CA 94139

N&A Medical Supply Inc.
c/oMurphy, Pearson, Bradley &Feeney
88 Kearny St., 10th Floor
San Francisco, CA 94108

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3020 Linden Street
Emeryville, CA 94608

Nickannie Deloney
1220 Foothill Blvd., # F
Oakland, CA 94606

Nutrition Therapy Essentials
325 Crest Drive
San Jose, CA 95127

One Legal
504 Redwood Road Suite 223
Novato, CA 94947

Orthopaedic & Neurological
200 South Santa Cruze Avenue
Los Gatos, CA 95030

Orthopedic and Neurological Rehab
c/o Nathan D. Wirtschafter, Corp.
16501 Ventura Blvd., Suite 610
Encino, CA 91436

Ouohi Lionel Veh
1271 Monument Blvd., Apt. 43
Concord, CA 94520

Pacific Signaling Systems
PO Box 1153
Danville, CA 94526

Palwinder Sandhu
1060 Crepe Myrtle Drive
Hercules, CA 94547

Patterson Medical
PO Box 93040
Chicago, IL 60673

PG&E
PO Box 997300
Sacramento, CA 95899

PharMerica
PO Box 409251
Atlanta, GA 30384

Premier Rehab Services
538 West Monte Vista Ave
Vacaville, CA 95688

Rainbow Services
PO Box 3465
Saratoga, CA 95070

Rehab and Associates LLC
915 C Street
Hayward, CA 94541

Rehana Yesuf
1843 Poggi Street Apt. 309C
Alameda, CA 94501

Riviera Finance
PO Box 100305
Pasadena, CA 91189

Rose Stearne
320 Ladera Drive
Vallejo, CA 94591

Roshunda Lambert
1258 79th Avenue
Oakland, CA 94621

Roto-Rooter
PO Box 10637
Pleasanton, CA 94588

Royal Ambulance Inc.
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Sara Callado
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SBC Smart Yellow Pages
PO Box 989046
West Sacramento, CA 95798

Second Image
PO Box 809
San Dimas, CA 91773

See Bay Game Company
77 Cliffwood Avenue Suite 1-D
Cliffwood, NJ 07721

SEIU National Industry Pension Fund
11 Dupont Circle NW, Ste. 900
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SEIU-BSEPP Fund
PO Box 841961
Boston, MA 02284-1961

Semira Abdu
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Sharps Complaine, Inc.
PO Box 202935
Dallas, TX 75320-2935

Sheldon Helms
3318 Karen Way
Pittsburg, CA 94565

Sheneda N. Hart
2651 Sacramento Street
Berkeley, CA 94702

Shred-It
5046 Commerial Circle
Concord, CA 94520

SNF Forms & Supplies Inc.
P.O. Box 4390
Garden Grove, CA 92642

Some Things Fishy LLC
16310 Shannon Road
Los Gatos, CA 95032

Spherical Medical
2980 Jordan Road
Oakland, CA 94602

State of California Franchise Tax
PO Box 942857
Sacramento, CA 94257-2021

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Tsige Gebrehiwet
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VCheck Global
5670 Wilshire Blvd., Ste. 1530
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Verna M. Easter
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Richmond, CA 94801

Vibrant Care Pharmacy Inc.
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2233 Watt Avenue Suite 340
Sacramento, CA 95825

Waste Management of Alameda Co.
P.O. Box 78251
Phoenix, AZ 85062

Webb Fire Protection
PO Box 2055
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Oakland, CA 94609

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